U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only					
	AUG	- 8	2005			
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4433	2. Fiscal Year Covered From:	
, /	07/ 01/2004 _{Through:} 06/30 / 2005	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Norman Myers	Name Painters Local Union No. 93 Labor Organization File Number 034739	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 6495 RT 78	Street 512 33rd Street	
city G1005TEP 45732	City Parkersburg	
State Ohio ZIP Code + 4	State WV ZIP Code + 4 261011628	
5. Position in labor organization. Presiden T		

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.			
Name		. \$			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any		7.b. Amount.			
Street		7.b. Ariount			
City					
State	ZIP Code + 4				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)							
Signed Morman Myar	on 7-/3-05 30	04-485-5181					
	Date	Telephone Number					